

**NORTHWEST LOUISIANA MASTER GARDENERS
CERTIFICATION RENEWAL
JULY 2008 THROUGH JUNE 2009**

Name: _____

Address: _____

Home Phone: _____ Day Phone: _____

Email: _____

Please include me on the NWLAMG email group YES NO

Year Graduated: _____

Gardening Interests _____

Experience _____

Requests _____

Comments _____

Would you be willing to serve in a leadership role? _____

_____ I plan to continue my work as a Master Gardener, operating under the original guidelines, and agree to provide the Master Gardener Program with another 20 hours of service. I also agree to 6 hours of self-improvement educational hours. I am remitting dues in the amount of \$15.

_____ I have finished the year in good standing and I wish to become an inactive member at this time. I hope to become active again in the future. Please keep my name on the newsletter and email lists. I am remitting dues in the amount of \$15 to maintain my membership.

_____ Please cancel my membership; I am unable to participate in the future. Please also remove my name from the newsletter and email lists.

Signature

Date

I, _____, Area Coordinator of the Northwest Louisiana Master Gardeners Association and horticulturist for LSU Ag Center, Do by means of this document acknowledge that the above named person is Eligible to continue as an active Master Gardener with all the rights and privileges accorded by this affiliation.

Supervising Agent

Date

DUES ARE \$15.00 FOR THE YEAR JULY 1, 2008 THROUGH JUNE 30, 2009. Make checks payable to NWLAMG and either turn in with form at the next meeting or mail check and form to Lil Appel, 264 Hanging Moss Trail, Shreveport, LA 71106.